mentally disabled passenger assessment and declaration form

kulula.com

This form is intended to provide confidential information to enable kulula.com (operated by Comair Limited) to assess whether the passenger qualifies to travel without a **self-supplied able bodied assistant**, as required by the Civil Aviation Regulation 121.07.34(4). This form needs to be completed by the passenger's Medical Practitioner.

A Medical Practitioner is defined as a General Practitioner or Specialist in a medical specialty or sub-specialty who holds a valid Medical Practice number and is registered with the Health Professions Council of South Africa.

NB! Only assessments conducted and signed by a Medical Practitioner will be accepted.

Mental Disability is defined as a disorder accompanied by impaired brain functions such as difficulty in learning and deficits in adaptive behavior, including and not limited to the following conditions – Down syndrome, Alzheimer's/ Dimensia and Autism.

For operational reasons, this form must be completed and returned to specialcasescc@kulula.com. In order for kulula to process this application a minimum of two full working days will be required.

for office use:

approval to fly without assistant	yes	no
approval to fly with self-supplied able bodied assistant	yes	no
booking reference:		
additional assistance approved (e.g. wheelchair):		
approved by:		
signature:		
date:		

part A - passenger information

full names:	
surname:	
ID/passport:	
flight details and booking reference:	
parent/guardian signature:	
date:	

name of person escorting the passenger to the airport:	
relationship:	
contact number:	
alternative contact number:	
physical address:	

name of person collecting passenger at arrival airport:	
relationship:	
contact number:	
alternative contact number:	
physical address:	

part B – medical assessment

passenger's diagnosis:
physical age:
assessed mental age:

the notes in the table are intended to give guidance to the Medical Practitioner

Please specify yes or no to each of the questions listed below:

1. Is the passenger able to understand and comprehend a safety briefing? yes no
   - The passenger should be able to comprehend the implications of a safety briefing on board an aircraft.
   - The passenger must be able to react on safety commands contained in the briefing.

2. Can the passenger follow instructions clearly? yes no
   - The passenger must have the cognitive ability to follow instructions and deal with situations outside his/her normal lifestyle/environment.

3. Will the passenger be able to evacuate the aircraft unassisted? yes no
   - The passenger must be able to evacuate the aircraft at the command and under the guidance of the cabin crew, which may include utilizing the evacuation slides of the aircraft.

4. Is the passenger free from aggressive tendencies? yes no
   - This evaluation must include the general character and responses of the person under normal circumstances.

5. Will the passenger be affected by environmental variables e.g.: sounds, smell and people's reactions? yes no
   - This question is a measure of the passenger's reaction under unfamiliar circumstances.

6. Is the passenger orientated to time, place and person? yes no
   - Does the passenger know where they are going and the reason for travel?
   - Are they able to recognize the person they are meeting at the destination?

7. Is the passenger able to travel without any further assistance? yes no
   - Does the passenger require a wheel chair? yes no
   - Does the passenger require the use of a service dog? yes no
   - Does the passenger require oxygen? yes no
   - Any other form of assistance required? yes no

8. The passenger can:
   - Eat unaided yes no
   - Make use of the toilet unaided yes no
   - Administer own medication yes no
   - If no to any of the above, parent/guardian to arrange self-supplied able bodied escort

9. Would the physical and mental condition of the patient be likely to cause interference with or disturbance to other passengers or crew? yes no

10. Is there any risk of violence from the person traveling? yes no

11. Does the passenger require an escort? yes no

I _____ (Medical Practitioner) hereby certify that _____ is suitable for air travel.

Medical Practitioner's details

practice number: _____
date: _____
contact number: _____
address: _____
signed: _____

part C – parent/guardian declaration

I (full names) _____
(ID no) _____ in my capacity as parent/guardian of
(full names) _____
(ID no) _____ hereby agree that my child/charge will be subject to kulula.com's General Conditions of Carriage for Passengers and Baggage.

Furthermore, I hereby acknowledge that kulula.com (operated by Comair Limited), its employees, agents, servants or contractors (the Indemnitees) shall not be liable, and I accordingly indemnify and hold harmless the Indemnitees and waive and abandon any claim that I and or my child/charge may have against the Indemnitees for damages which my child/charge may sustain while in the care of or under the control of the the Indemnitees or otherwise caused directly to my child/charge or his/her belongings including but not limited to theft or injury (whether fatal or otherwise) and whether or not caused or occasioned by the act, neglect or default of the Indemnitees.

I _____ give permission to complete this form for the purpose as indicated, and agree to meet any medical fees in connection therewith.
parent/guardian signature: _____

important notes:

Passengers with a mental disability who travel without a self-supplied escort shall at all times be in possession of this duly completed and signed form. The pilot in command shall have the authority to offload a passenger with a mental disability arriving at the aircraft without this form if travelling without a self-supplied able bodied assistant.

Legal stuff: The cabin crew is not authorized to give special assistance to particular passengers to the detriment of other passengers. Additionally they are only trained in First Aid and are not permitted to administer any injections or to give medication. This form is valid for 6 months from date of completion.